

viduals (or their designees): the Secretary of Energy, the Administrator of the Environmental Protection Agency, the Director of the United States Bureau of Mines, the Assistant Secretary for Occupational Safety and Health, and the Secretary of the Interior.

(2) The Task Force shall identify existing and potential operations related to nuclear resource development that affect or may affect the health of Indians on or near an Indian reservation or in an Indian community and enter into activities to correct existing health hazards and insure that current and future health problems resulting from nuclear resource development activities are minimized or reduced.

(3) The Secretary shall be Chairman of the Task Force. The Task Force shall meet at least twice each year. Each member of the Task Force shall furnish necessary assistance to the Task Force.

(e) Medical care

In the case of any Indian who—

(1) as a result of employment in or near a uranium mine or mill, suffers from a work related illness or condition;

(2) is eligible to receive diagnosis and treatment services from a Service facility; and

(3) by reason of such Indian's employment, is entitled to medical care at the expense of such mine or mill operator;

the Service shall, at the request of such Indian, render appropriate medical care to such Indian for such illness or condition and may recover the costs of any medical care so rendered to which such Indian is entitled at the expense of such operator from such operator. Nothing in this subsection shall affect the rights of such Indian to recover damages other than such costs paid to the Service from the employer for such illness or condition.

(Pub. L. 94-437, title VIII, §807, formerly title VII, §707, as added Pub. L. 96-537, §8(b), Dec. 17, 1980, 94 Stat. 3179; amended Pub. L. 102-285, §10(b), May 18, 1992, 106 Stat. 172; renumbered title VIII, §807, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §813(b), Oct. 29, 1992, 106 Stat. 4572, 4590.)

AMENDMENTS

1992—Subsec. (f). Pub. L. 102-573, §813(b), struck out subsec. (f) which authorized appropriation of \$300,000 to carry out the study as provided in subsec. (a), such amount to be expended by the date eighteen months after Dec. 17, 1980.

CHANGE OF NAME

“United States Bureau of Mines” substituted for “Bureau of Mines” in subsec. (d)(1) pursuant to section 10(b) of Pub. L. 102-285, set out as a note under section 1 of Title 30, Mineral Lands and Mining. For provisions relating to closure and transfer of functions of the United States Bureau of Mines, see note set out under section 1 of Title 30, Minerals and Mining.

NUCLEAR RESOURCE DEVELOPMENT HEALTH HAZARDS;
STUDY AND REPORT

Pub. L. 100-713, title VII, §717, Nov. 23, 1988, 102 Stat. 4837, provided that:

“(a) The Secretary of Health and Human Services (acting through the Indian Health Service), the Secretary of the Interior (acting through the Bureau of In-

dian Affairs), and the Secretary of Energy shall jointly conduct a study for the purpose of determining—

“(1) the number of active nuclear resource development sites on Indian lands in the United States;

“(2) the Federal agencies that carry out Federal responsibilities with respect to each such site;

“(3) the health hazards that exist as a result of such sites;

“(4) the remedial actions which have been undertaken with respect to such health hazards;

“(5) remedial actions that are needed with respect to such health hazards; and

“(6) the amount of funds that would be necessary each year to implement and maintain such needed remedial actions and the date by which the remedial actions would be implemented if sufficient funds were to provide for the remedial actions.

“(b) By no later than the date that is 2 years after the date of enactment of this Act [Nov. 23, 1988], a report shall be submitted to the Congress describing the findings and conclusions made as a result of carrying out the study required in subsection (a).”

§ 1678. Arizona as a contract health service delivery area

(a) Designation

For the fiscal years beginning with the fiscal year ending September 30, 1982, and ending with the fiscal year ending September 30, 2000, the State of Arizona shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health care services to members of federally recognized Indian tribes of Arizona.

(b) Curtailment of health services prohibited

The Service shall not curtail any health care services provided to Indians residing on Federal reservations in the State of Arizona if such curtailment is due to the provision of contract services in such State pursuant to the designation of such State as a contract health service delivery area pursuant to subsection (a) of this section.

(Pub. L. 94-437, title VIII, §808, formerly title VII, §708, as added Pub. L. 96-537, §8(b), Dec. 17, 1980, 94 Stat. 3181; amended Pub. L. 100-713, title VII, §702, Nov. 23, 1988, 102 Stat. 4827; renumbered title VIII, §808, and amended Pub. L. 102-573, title VII, §701(a), (b), title VIII, §803, Oct. 29, 1992, 106 Stat. 4572, 4585.)

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-573, §803, substituted “2000” for “1991”.

1988—Subsec. (a). Pub. L. 100-713, §702(a), substituted “1991” for “1984” and “members of federally recognized Indian tribes of Arizona” for “Indians in such State”.

Subsec. (c). Pub. L. 100-713, §702(b), struck out subsec. (c) which authorized appropriations for fiscal years 1982 to 1984.

§ 1679. Eligibility of California Indians

(a) Report to Congress

(1) In order to provide the Congress with sufficient data to determine which Indians in the State of California should be eligible for health services provided by the Service, the Secretary shall, by no later than the date that is 3 years after November 23, 1988, prepare and submit to the Congress a report which sets forth—

(A) a determination by the Secretary of the number of Indians described in subsection

(b)(2) of this section, and the number of Indians described in subsection (b)(3) of this section, who are not members of an Indian tribe recognized by the Federal Government,

(B) the geographic location of such Indians,

(C) the Indian tribes of which such Indians are members,

(D) an assessment of the current health status, and health care needs, of such Indians, and

(E) an assessment of the actual availability and accessibility of alternative resources for the health care of such Indians that such Indians would have to rely on if the Service did not provide for the health care of such Indians.

(2) The report required under paragraph (1) shall be prepared by the Secretary—

(A) in consultation with the Secretary of the Interior, and

(B) with the assistance of the tribal health programs providing services to the Indians described in paragraph (2) or (3) of subsection (b) of this section who are not members of any Indian tribe recognized by the Federal Government.

(b) Eligible Indians

Until such time as any subsequent law may otherwise provide, the following California Indians shall be eligible for health services provided by the Service:

(1) Any member of a federally recognized Indian tribe.

(2) Any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant—

(A) is living in California,

(B) is a member of the Indian community served by a local program of the Service, and

(C) is regarded as an Indian by the community in which such descendant lives.

(3) Any Indian who holds trust interests in public domain, national forest, or Indian reservation allotments in California.

(4) Any Indian in California who is listed on the plans for distribution of the assets of California rancherias and reservations under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

(c) Scope of eligibility

Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.

(Pub. L. 94-437, title VIII, §809, formerly title VII, §709, as added Pub. L. 96-537, §8(b), Dec. 17, 1980, 94 Stat. 3181; amended Pub. L. 100-713, title VII, §703, Nov. 23, 1988, 102 Stat. 4827; renumbered title VIII, §809, Pub. L. 102-573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572.)

REFERENCES IN TEXT

Act of August 18, 1958, referred to in subsec. (b)(4), is Pub. L. 85-671, Aug. 18, 1958, 72 Stat. 619, which was not classified to the Code.

AMENDMENTS

1988—Pub. L. 100-713 inserted section catchline and amended text generally. Prior to amendment, text read

as follows: “Indians in the State of California who are members or descendants of members of former federally recognized tribes of the State of California shall be eligible for services from the Service in the fiscal years beginning with the fiscal year ending September 30, 1982, and ending with the fiscal year ending September 30, 1984.”

§ 1680. California as a contract health service delivery area

The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura shall be designated as a contract health service delivery area by the Service for the purpose of providing contract health services to Indians in such State.

(Pub. L. 94-437, title VIII, §810, formerly title VII, §710, as added Pub. L. 96-537, §8(b), Dec. 17, 1980, 94 Stat. 3181; amended Pub. L. 100-713, title VII, §704, Nov. 23, 1988, 102 Stat. 4828; renumbered title VIII, §810, Pub. L. 102-573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572.)

AMENDMENTS

1988—Pub. L. 100-713 inserted section catchline and amended text generally, substituting provisions designating parts of California as a contract health service delivery area for former provisions which authorized a demonstration project for lifting personnel ceilings for the Indian Health Service.

§ 1680a. Contract health facilities

The Service shall provide funds for health care programs and facilities operated by tribes and tribal organizations under contracts with the Service entered into under the Indian Self-Determination Act [25 U.S.C. 450f et seq.]—

(1) for the maintenance and repair of clinics owned or leased by such tribes or tribal organizations,

(2) for employee training,

(3) for cost-of-living increases for employees, and

(4) for any other expenses relating to the provision of health services,

on the same basis as such funds are provided to programs and facilities operated directly by the Service.

(Pub. L. 94-437, title VIII, §811, formerly title VII, §711, as added Pub. L. 100-713, title VII, §705, Nov. 23, 1988, 102 Stat. 4828; renumbered title VIII, §811, Pub. L. 102-573, title VII, §701(a), (b), Oct. 29, 1992, 106 Stat. 4572.)

REFERENCES IN TEXT

The Indian Self-Determination Act, referred to in text, is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, as amended, which is classified principally to part A (§450f et seq.) of subchapter II of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

§ 1680b. National Health Service Corps

The Secretary of Health and Human Services shall not—

(1) remove a member of the National Health Service Corps from a health facility operated